

Medicare Contractor Provider Satisfaction Survey (MCPSS)

Fact Sheet

September 15, 2006

Survey Overview

The Medicare Contractor Provider Satisfaction Survey – or MCPSS – is designed to garner objective, quantifiable data on provider satisfaction with the performance of Medicare fee-for-service (FFS) claims-payment contractors. Specifically, the survey enables the Centers for Medicare & Medicaid Services (CMS) to gauge provider satisfaction with key services performed by the 42 contractors that process and pay the more than \$280 billion in Medicare claims each year. Results from the first survey implementation are now available.

The contractors will begin to use the insights gleaned from the MCPSS to make changes to their systems and procedures. CMS will use the findings as a benchmark for monitoring future trends as well as to improve its oversight and increase efficiency of the Medicare program.

The Results

For the 2006 administration of MCPSS, CMS provided to the public an array of findings, such as provider satisfaction by contractor type; satisfaction with contractor group by provider type; business function scores by contractor and provider type; and individual contractor composite scores. In addition to their composite scores, contractors received aggregate scores for each business function.

- In general, **Medicare providers are highly satisfied with their contractors.** The MCPSS revealed that **85 percent of the respondents rated their contractors between 4 and 6 on a 6-point scale**
- For all contractor types, key predictors for satisfaction were the handling of provider questions and claims processing
- Specific **composite scores by contractor type** are as follows:
 - Regional Home Health Intermediaries (RHHIs) received a composite score of 4.79
 - Fiscal Intermediaries (FIs) received 4.71
 - Carriers received 4.52
 - Durable Medical Equipment Regional Carriers (DMERCs) received 4.43
- Among those who **interact with FI contractors**, the **most satisfied providers are Rural Health Centers (RHC) and Skilled Nursing Facilities (SNF), both with 4.73**, followed by **End Stage Renal Disease (ESRD) providers (4.59) and Hospitals (4.57)**
- With respect to **interacting with Carrier contractors**, the **most satisfied providers are Ambulance (4.66) and Physicians (4.61)**, followed by **Labs (4.50) and Licensed Practitioners (4.40)**
- The survey also looked at both the effect of the volume of claims as well as how the score for each business function related to overall satisfaction – neither of which had a measurable impact on satisfaction across all provider types

Survey Background

Purpose & Goals

- Purpose: Obtain **quantifiable data** to enable CMS to measure provider satisfaction with the performance of Medicare contractors
- Three **primary goals**:
 - Satisfy Medicare Modernization Act (2003) requirements to measure provider satisfaction levels
 - Provide feedback from providers to contractors so they may implement process improvement initiatives
 - Establish a uniform measure of provider satisfaction with contractor performance

Survey Administration

- First national administration queried more than **25,000 randomly selected providers** (physicians, healthcare practitioners, and facilities) out of the 1.2 million who serve Medicare beneficiaries
- Survey included all **42 Medicare Fee For Service contractors**, including:
- Questions focused on **seven business functions of the provider-contractor relationship**: provider communications, provider inquiries, claims processing, appeals, provider enrollment, medical review, provider audit and reimbursement
- Respondents were asked to rate their contractors using a scale of 1 to 6 on each of the business functions, with “1” representing “not at all satisfied” and “6” representing “completely satisfied”

Looking Ahead: A Call to Action

The 2007 MCPSS will be distributed to a new sample of Medicare providers in January. CMS urges all Medicare providers who are selected to participate in the MCPSS to complete and return their surveys. The views of every provider asked to participate are very important to the success of this study, as each one represents many other organizations that are similar in size, practice type and geographical location.

Timeline:

- 2nd National administration: January 2007
- Contractor Reports: July 2007
- Final Reports: July 2007

For more information and survey results, please contact:

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Or visit: <http://www.cms.hhs.gov/MCPSS/>.